	PATENT	APPLICATION	ON FEE C	RD	Application or Docket Number 10706090								
Effective October 1, 2003									02887.0259				
CLAIMS AS FILED - PART I SMALL ENTITY OTHER (Column 1) (Column 2) TYPE OR SMALL													
T	OTAL CLAUMS	31				Γ	RATE	FEE	7	RATE	FEE		
FC	)R	NUMBER FILED		NUMBER EXTRA		-	BASIC FE	£ 385.00	OR	BASIC FEE	770.00		
π	TAL CHARGE	3/ minus 20=		11	11		XS 9=		OR	X\$18a	198		
INDEPENDENT CLAIMS			5 minus 3 =		2		ı	X43=	1	OR	X86=	172	
MULTIPLE DEPENDENT CLAIM PRESENT +1450								1	OR				
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2								┼	OR		1140	
CLAIMS AS AMENDED - PART II OTHEI									OTHER				
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	QA	SMALL	ENTITY	
NTA		REMAINING AFTER AMENDMENT		NUM PREVIO	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 28	Minus	- 3		. —		XS 25		OR	X\$16=		
ME	Independent	· 8	Minus	5		- 3	ı	XX18=	1	OR	X86=	600	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							180	-	UH	360	-	
									-	OF.	+200-		
								TOTAL COST. FEE	ــــــــــــــــــــــــــــــــــــــ	OR	ADDIT. FEE	600	
(Column 1) (Column 2) (Column 3)												·	
AMENDMENT B	12/22/05	REMAINING AFTER AMENDMENT		PREVIO PAID I	ER USLY	PRESENT EXTRA	Ŀ	RATE	ADDI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE	
2	Total	· 38	Minus	- 31		• (		X\$ 9		OR	X\$18=		
AME	Independent	• 8	Minus	*** 8		•		X43-		OR	XXX		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+145=		OR	+290±		
	11/2/6									OR	YOTAL ADON, FEE		
		(Column 1)	•	_ (Colum	n 2)	(Column 3)			•				
ENTC		REMAINING AFTER AMENDMENT	•	PREVIO	ER USLY	PRESENT EXTRA	ſ	RATE .	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMEN	Total	10	Minus	·3/		•		X\$ 9=	FEE	OR	.: X\$18=	FEE	
	Independent	. 9	Minus	*** 8		• /·	-	X43=			X86=	000	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		H	~~~		OR	700s		
• 4	the entry in cotur	no 1 is less than th	entry in colu	mn 2, write	V' in coli	ain 3.	Ŀ	145= TOTAL		OR	+290==		
	the Highest Nus	nbar Proviously Pai abar Proviously Pai ber Proviously Paid	d For IN THE	S SPACE IS	less than	3, enter 3.		OIT. FEE			DOTT. FEE	Po	

FORM PTO-675 (Flor, 10/03)